

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

730 Massachusetts Avenue
Town of Arlington
Massachusetts 02476-4908
781 316-3024 781 316-3029 FAX

APPLICATION PROCESS:

- Submit the completed application packet to the Select Board's Office
- Contact the inspectors on the department list below to inform them your application has been submitted

DEPARTMENT	CONTACT	LOCATION	TEL #/EMAIL
Board of Health	Pat Martin	27 Maple St.	781 316-3169 pmartin@town.arlington.ma.us
Inspections	Michael Byrne	51 Grove St.	781 316-3390 mbyrne@town.arlington.ma.us
Select Board's Office	Ashley Maher	Town Hall 730 Mass. Ave.	781 316-3024 amaher@town.arlington.ma.us

- A hearing will be scheduled for the next available Select Board's Meeting (minimum 4-6 weeks out)
- Attendance is mandatory at this meeting
- Upon **approval** of the license you must get final inspections from the inspectors mentioned above prior to receiving the license to operate your business
- After receiving your Food Permit from the Board of Health and Certificate of Occupancy from the Building Department – come to the Select Board's Office for your license to operate your business (fee required for the license)

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(781) 316-3020

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\$60.00 Filing Fee

Inspections Dept. at 51 Grove St. must review completed application before returning to this office.

APPLICATION

To the Licensing Authorities of the Town of Arlington

The Undersigned hereby makes application for a

- COMMON VICTUALLER LICENSE (Eat In)**
 FOOD VENDOR LICENSE (Take Out Only)

Location_____

Name of Applicant_____

Corporate Name (if applicable)_____

D/B/A_____

Date_____

I/We hereby agree to conform in all respects to the conditions governing such License as printed in the By-Laws of the Town, and such other rules and regulations as the Selectmen may establish. With the signing of this application, the applicant acknowledges that:

- A. It is understood that the Board is not required to grant the license.
- B. no work is to commence at the premises of the proposed location which is the subject matter of this application until the license is approved by the Select Board, and, furthermore, any work done is done at the applicant's risk, and
- C. in the event of a proposed sale of a business requiring a Common Victualler License, an application for a transfer of said license will be deemed to be an application for a new license (subject to the rules and regulations herein contained), and the owner of such business shall be required to file with the Select Board a thirty day notice of his intention to sell same before such application will be acted upon by the Select Board.
- D. That the license is subject to revocation if the holder of the license does not comply with Town By-Laws or the Rules and Regulations of the Board.

*Print Name*_____

*Signature Name*_____

Phone (Home)_____ (Business)_____

Email_____

Note: (A) If a corporation, state full names and addresses of principal officers.

(B) If a co-partnership, information must be provided on each partner; if a corporation, information must be provided on corporate officer making application.

Name _____ Name _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

DESCRIPTION OF APPLICANT

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Born in the U.S., Yes _____ No _____ Born in the U.S., Yes _____ No _____

Born Where _____ Born Where _____

Date of Naturalization _____ Date of Naturalization _____

Male or Female _____ Male or Female _____

Date of birth _____ Date of birth _____

Photo 1 inch by 1 inch

The Establishment shall operate as:

Sole Ownership / Partnership / Total Number of Partners

Corporation Based in _____

(Once approved, please go to Clerk's Office for Business Certificate)

Corporate Information Required:

President _____

Secretary _____

Treasurer _____

Name

Address

Zip

=====

INFORMATION RELATIVE TO APPLICATION

Breakfast _____

Yes No

Lunch _____

Yes No

Dinner _____

Yes No

Do you own the property? Yes No Tenant at Will Lease _____ (years)

Hours of Operation:

Day _____ Hours _____

Day _____ Hours _____

Day _____ Hours _____

Floor Space _____ Sq. Ft. Seating Capacity (if any) _____

Parking Capacity (if any) _____ spaces Number of Employees _____

List Cooking Facilities (and implements)

Will a food scale be in use for sale of items to the public? Yes No

Will catering services be provided by you? Yes No

The following items must be submitted with the application:

1. Layout Plan of Facility & Fixtures Date Received _____
2. Site Plan (obtained at Bldg. Dept., 51 Grove St.) Date Received _____
3. Outside Facade and Sign Plan (dimensions, color) Date Received _____
4. Menu Date Received _____
5. Maintenance Program Date Received _____

If the facilities are not yet completed, provide estimated cost of work to be done \$ _____

FOR OFFICE USE ONLY

Scheduled Hearing when Application will be presented to Select Board for approval:

Date _____ Time _____
Board Action: Approved Yes No

APPLICANT'S RESUME

Food Business Experience of Applicant

From _____ to _____
Employee _____ D/B/A _____
Sole Owner _____ Location _____
Partnership _____ Type Food _____
Corporation _____ Number of Employees _____

From _____ to _____
Employee _____ D/B/A _____
Sole Owner _____ Location _____
Partnership _____ Type Food _____
Corporation _____ Number of Employees _____

List any other information that you feel will assist in the review of this application.
